

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)

Brief Program Description

The Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program is a, cognitive-behavioral therapy group intervention for reducing children's symptoms of post-traumatic stress disorder (PTSD) and depression caused by exposure to violence that has been used successfully in inner-city schools with a multicultural population. CBITS has three main goals: to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support.

Program Strategies

The CBITS intervention incorporates CBT skills in a group format (5-8 students per group) to address symptoms of PTSD, anxiety, and depression related to exposure to violence. Symptom reduction is accomplished via cognitive techniques and trauma-focused work in imagination, writing, and narratives. In each session, a new set of skills is taught to the child using didactic presentation, age-appropriate examples, and games. These skills are then used by the child to address his or her problems through homework assignments collaboratively developed between the child and the CBITS clinician.

Population Focus

The CBITS program was designed for children aged 10-14 who have had substantial exposure to violence and who have symptoms of PTSD in the clinical range.

Suitable Settings

The program is suitable for implementation in settings in which there are sufficient children with exposure to violence and PTSD symptoms to form intervention groups.

Required Resources

Required resources include the CBITS treatment manual, experience in implementing CBT, and training and/or supervision.

Implementation Timeline

The CBITS group intervention is designed to be implemented in 10 weekly sessions. Each session requires one class period. It also includes 1-3 individual sessions with the child, 2 parent sessions, and 1 teacher session.

Outcomes

Results of the initial study included the following:

- At the 3-month follow-up, students who received the CBITS intervention had significantly lower self-reported symptoms of PTSD and depression than those students in the wait-list control group.
- Parents of children in the CBITS intervention group significantly less psychosocial dysfunction than those parents of children in the wait-list control group.
- Three months after completing the intervention, students who initially received the intervention maintained the level of improvement seen immediately after the program ended. After participating in CBITS, improvement in children on the wait list was comparable to that of those children who completed the program first.
- Teachers did not report a significant difference in classroom behavior between students who received the CBITS intervention and the wait-list control students.

Contact Information

For indepth information on this program, please use the contact listed below.

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